



[ISSUING COMPANY NAME]

Executive First

DIRECTORS & OFFICERS LIABILITY POLICY

DECLARATIONS

NOTICE: THE COVERAGE PROVIDED UNDER THIS POLICY IS LIMITED TO ONLY THOSE CLAIMS FIRST MADE DURING THE POLICY PERIOD OR ANY APPLICABLE DISCOVERY PERIOD. THE LIMIT OF LIABILITY TO PAY JUDGMENTS OR SETTLEMENTS WILL BE REDUCED AND MAY BE EXHAUSTED BY DEFENSE COSTS, AND DEFENSE COSTS WILL BE APPLIED AGAINST THE RETENTION. THE INSURER WILL NOT BE LIABLE FOR DEFENSE COSTS OR OTHER LOSS IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY. THE INSURER DOES NOT ASSUME ANY DUTY TO DEFEND UNDER THIS POLICY. PLEASE REVIEW THE POLICY CAREFULLY.

Policy No.:

1. Parent Company:	
Mailing Address:	[Street] [City, State, Zip]

2. Insurer:	[Issuing Company]
--------------------	-------------------

3. Policy Period:	From: <u>MM/DD/YYYY</u> to <u>MM/DD/YYYY</u> 12:01 a.m. local time at Mailing Address listed in Item 1, above.
--------------------------	---

4. Limit of Liability:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">A. Aggregate Limit of Liability for all Claims:</td> <td style="padding: 5px;">\$</td> </tr> <tr> <td style="padding: 5px;">B. Sublimit of Liability for all Security Holder Derivative Demand Investigation Costs:</td> <td style="padding: 5px;">\$</td> </tr> </table>	A. Aggregate Limit of Liability for all Claims:	\$	B. Sublimit of Liability for all Security Holder Derivative Demand Investigation Costs:	\$
A. Aggregate Limit of Liability for all Claims:	\$				
B. Sublimit of Liability for all Security Holder Derivative Demand Investigation Costs:	\$				

5. Retention:	\$ _____ Each Claim	(not applicable to Claims under Insuring Agreement I.A, Coverage Extensions II.A or II.B(1))
----------------------	---------------------	---



6. Notices to Insurer:

<p><u>For Claims or Potential Claims</u></p> <p>claimsnotice@bhspecialty.com</p> <p>or</p> <p>Berkshire Hathaway Specialty Insurance Claims Notice 60 State Street, 38th Floor Boston, MA 02109 Fax: 617.507.8259</p>	<p><u>All Other Notices</u></p> <p>execandprofnotices@bhspecialty.com</p> <p>or</p> <p>Berkshire Hathaway Specialty Insurance Executive & Professional Lines 60 State Street, 38th Floor Boston, MA 02109 Fax: 617.507.8259</p>
--	--

7. Discovery Period:

- A. Additional Premium: \$
- B. Additional Period:

8. Premium: \$

THESE DECLARATIONS, TOGETHER WITH THE COMPLETED AND SIGNED APPLICATION FOR THIS POLICY, THE POLICY FORM AND ANY ENDORSEMENTS ATTACHED HERETO, CONSTITUTE THE ABOVE NUMBERED INSURANCE POLICY.

Date of Issue: _____ Countersigned by: _____
Authorized Representative